

Foster Family Home - Corrective Action Report

Provider ID: 1-190016

Home Name: Leilani Bautista, CNA

Review ID: 1-190016-3

91-866 Hahanui Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/18/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 2 bed re-certification. Home met all compliance requirements at the time of the home inspection. No corrective action required. PCG requests 1 year re-certification to apply for 3 bed next re-certification

Jackie Chamberlain RA
Compliance Manager

[Signature]
Primary Care Giver

12/18/19.
Date

12/18/19
Date